

Case Number:	CM14-0201386		
Date Assigned:	12/11/2014	Date of Injury:	07/30/2007
Decision Date:	02/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractor (DC) and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old male who was injured on 07/30/07. The patient has had several work place injuries during his course of employment as a cable car gripman. There has been 2 physical assaults, one fall injuring his low back and another incident where he injured his knee and shoulders. He also suffered from a loss of consciousness from a blow to the back of the head. He has been diagnosed with Disorders of the bursae & tendons of the shoulders, Lumbago, cervicgia, Chronic pain syndrome, CTS and lateral epicondylitis. He has had treatment of medications, physical therapy(pre&post-surgical), and epidural steroid injections. He has also had surgeries to both shoulders and a knee. It is unclear if there has been any previous chiropractic care in the past and how the patient responded to that care is not clear. The doctor is requesting Chiropractic for the neck, back, shoulders and ankles twice weekly for 6 weeks(or 12 treatments total).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic treatment for the neck, back, shoulders, and ankles, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation and Therapy Section Page(s): 58 - 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation is recommended for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks for the neck and back. The 12 requested chiropractic treatments (2 times 6) are not according to the above guidelines and therefore not medically necessary for the neck and back. Manipulations to the ankles are not recommended according to the above guidelines and therefore are not medically necessary. The above guidelines have no recommendation for the shoulders and therefore are not medically necessary.